BUREAU OF VITAL STATISTICS PLACE OF BIRTH Registered No STANDARD CERTIFICATE OF BIRTH District or Township (If Sirth occurred in a hospital) institution, give its NAME instead of screet and number) If child is not yet named, make Full name of child supplemental report, as directed. win, triplet or other 6. Legitimate? To be answered ONLY 7. Date event of plural 5. No., in order of birth. FATHER MOTHER Full maiden name Residence 15. Residence (Usual place of abi (Usual place of about) If non-resident, give place and state. 16. Color of race 11. Age at last birthday\_ 17. Age at last birt . Birthplace (city or place) 18. Birthplace (city or state (State or country) (State or country) Occupation 19. Occupation Nature of indust Nature of industry Number of children of this mother. (a) Born alive and now living 21. Were precautions taken against oph-(b) Born alive but now dead Utalmia neonatorum. iken as of time of birth of child herein tified and including this child). (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE ercby certify that I attended the birth of this child, who was Born alive or stillborn \* When there was no attending physician r midwife, then the father, householder, ic. should make this return. A stillborn Signature nild is one that neither breathes nor nows other evidence of life after birth. (Physician or midwife) ... en name added from Month, day, Registrar. Registrar.

**(3**)

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